N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5787
Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 30
(b) Township Butterfield — Primary Registration District No. 6240 — Registered No. 5
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia Hansford
(a) Residence, No. Barry County St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Walter Hansford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 6, 1889
7. AGE: YEARS 49 — MONTHS 4 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Racine Missouri
FATHER
13. NAME George Burkhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
MOTHER
15. MAIDEN NAME Mary Emmaline Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky
17. INFORMANT (ADDRESS): Walter Hansford Butterfield, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Racine DATE Feb. 10, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Knon Funeral Home Cassville, Missouri.
20. FILED Feb. 10, 1939 Donald Blankenship 32 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1938, to Feb. 6, 1939
I last saw her alive on Feb. 6, 1939. Death is said to have occurred on the date stated above, at 11:45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	
93 C	

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. E. McDaniel, A.B., M.D.
(Address) Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-466
Date Filed MAR 4 1939

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Rufus J. Miller, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.